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FEB 01 2013

State of South Dakota  
Campaign Finance Disclosure Statement

S.D. SEC. OF STATE

Full Name of Committee: Moving South Dakota ForwardDave Hewett

Committee Chair, Treasurer, Candidate

admin@movingforward.com

E-Mail

4320 S Louise Ave Ste 201 SF SD 57106

Committee Street Address

PO Box 460

Committee Postal Address

SF SD 57101-0460Dave Hewett

Name of Person Making Report

605-361-2281

Daytime Telephone #

Evening Telephone #

If Candidate Committee, please note office being sought, and District # (if applicable)

Political party affiliation (if any)

IM 15 (2012)

If Ballot Question Committee, Ballot Question number or letter.

Supporting? ☒Opposing? ☐

## Type of Campaign Statement:



Pre-Primary



Pre-Convention



Pre-General



Mid-Year



Year-End



Amendment



Supplement



Termination

## VERIFICATION OF PERSON MAKING REPORT

I, DAVE HEWETT

(print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete. I also understand that failure to timely file any statement, amendment, or correction required subjects the treasurer responsible for filing to a civil penalty per day for each day that the statement remains delinquent.

Date

1/26/2013[Signature]

Signature of Treasurer

**County, municipal and school** candidates file this statement with the person in charge of the local election.

**Statewide PACs, political party, ballot question and other committees** file this statement with the Secretary of State's Office.

**Secretary of State, Elections Department**  
500 East Capitol Ave., Ste 204  
Pierre, SD 57501  
or fax to 605-773-6580 or  
e-mail to cash@state.sd.us

Fax and e-mail images must contain the signature(s) and the **original must be filed in our office within one week** following the date the fax/e-mail was received.

## INCOME

### Direct Contributions from Individuals

Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space or you may attach additional sheets of paper.

### Unitemized Contributions from Individuals

Enter total of all unitemized contributions (\$100 or less each from individuals) here:

**Amount**

59

Line Item A1

### Itemized Contributions from Individuals

Enter all itemized contributions (\$100 or more each from individuals) below:

[illegible]

### Direct Contributions from Organizations

An organization is defined as any corporate entity, partnership, association, club, labor union, or any group organized in a corporate form that is not defined as a political committee or political party. ONLY PAC's and Ballot Committee Questions may receive direct contributions from organizations.

### Itemized Contributions from Organizations

[illegible]

## Direct Contributions from Political Parties

Contributions from Political Parties		
Name	Residential (Street) Address	Amount
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
Enter total of all contributions from Political Parties here:		\$ — .

Line item C1

## Direct Contributions from In-State Political Action Committees

Contributions from South Dakota Political Action Committees		
Name	Residential (Street) Address	Amount
SDAHO PAC	3708 Brooks Place Ste 1	\$ 5000 .00
	Sioux Falls SD 57106	\$ .
		\$ .
Healthy Communities	3708 Brooks Place Ste 1	\$ .
Ballot Question Committee	Sioux Falls SD 57106	\$ 889,439 .00
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
Enter total of all contributions from South Dakota Political Action Committees or South Dakota Candidate Committees here:		\$ 893,439 .00

Line item D1

## Direct Contributions from Out-of-State Political Action Committees

<b>Contributions from Federal Political Action Committees</b>		
<b>Name</b>	<b>Filing Web Address</b>	<b>Amount</b>
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
Enter total of all contributions from Federal Political Action Committees or Out-of-State Candidate Committees here:		\$ .

Line item D2

## Direct Contributions from Candidate Committees

<b>Contributions from Candidate Committees</b>		
<b>Name</b>	<b>Residential (Street) Address</b>	<b>Amount</b>
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
Enter total of all contributions from Candidate Committees here:		\$ .

Line item E1

## In-Kind Contributions

<i>Non-cash contributions of good and services and the estimated fair market value</i>		
Description	Name and residential address	Estimated value
Ad Space	SDAHO	\$ 1696 .00
	3708 Brooks Place Ste 1	\$ .
	Sioux Falls SD 57106	\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
Enter total of all estimated in-kind contributions here:		\$ 1696 .00

Line item F1

## Other Income

<i>Refunds, rebates, interest earned, sale of property, or other income which is not a direct contribution.</i>		
Source of Income	Description of Income	Amount
		\$ .
		\$ .
Enter total of other income here:		\$ — .

Line item G1

## Establishing and Administering Committee/Solicitation Costs

List a categorical description and the estimated value of funds or donations by any organization to its political committee for establishing and administering the political committee or solicitation costs of the political committee.

Organizational Name and Categorical Description for Direct Funds	Amount
	\$ .
	\$ .
	\$ .
Enter total here:	
	\$ — .

Line item H1

## EXPENDITURES

## Operational Expenditures

Categories have been provided for reporting common expenses. You may list other expense items at your discretion

Campaign Expenses		Amount
Advertising		\$718,913 .83
Consulting		\$157,138 .25
Interest		\$ .
Postage		\$280 .32
Printing		\$172,586 .46
Rent		\$3800 .00
Salaries		\$41,435 .30
Telephone		\$227 .69
Travel		\$ .
Utilities		\$276 .51
List other expense items below:		\$ .
Contribution Refund		\$15,000 .00
Bank Fees		\$635 .00
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
		\$ .
Enter total expenditures here:		\$1,110,263 .35

Line item X1

## Contributions Made to Candidates and Committees

Name of Candidate or Committee	Amount
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
	\$ .
Enter total of contributions to candidates or committees here:	\$ .

Line item X2

## Debts and Obligations Owed by Committee

All committee obligations which are incurred but unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed to/Creditor's Name	Nature of obligation	Address	Amount
IRS	Payroll taxes		\$ 2991 .76
			\$ .
			\$ .
			\$ .
			\$ .
Enter total debt owed by committee here:			\$ 2991 .76

Line item X3

## Loans Owed to Committee

Report the amount of each loan owed to the political committee or political party. The amount of each loan made during the reporting period and the balance of each loan owed to the committee at the end of the reporting period must be itemized.

Name of recipient of loan, including address.	Amount of loan made during the reporting period	Amount of loan repaid during the reporting period	Balance of loan at the end of the reporting period
	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .
	\$ .	\$ .	\$ .
Enter total amount of loans owed to committee here:	\$ .	\$ .	\$ .

Line item Y1

Line item Y2

Line item Y3



# SUMMARY OF INCOME AND EXPENDITURES

Balance of cash and cash equivalents on hand, if any, at the beginning of the reporting period:		\$18,001.37	
		Credit	Debit
	Candidate's Personal Contribution to Own Campaign	\$ —	
Income:			
	Unitemized Contributions	\$ —	
	Itemized Contributions	\$ —	
	Contributions from Candidate Committees	\$ —	
	Contributions from Organizations	\$ 206,000.00	
	Contributions from Political Parties	\$ —	
	Contributions from In-State PACs	\$ 893,439.00	
	Contributions from Out-of-State or Federal PACs	\$ —	
	In Kind Contributions	\$ 1696.00	
	Other Income	\$ —	
	Expenditures from an external source to establish a committee	\$ —	
Expenditures			
	Operational Expenditures		\$1,110,263.36
	Contributions to Candidates and Committees		\$ —
	Debts and Obligations Owed by the Committee		\$ 2991.76
Loan Activity			
	Monetary loan made to Candidate or Committee during reporting period	\$ —	
	Monetary loan made to Candidate or Committee repaid during reporting period		\$ —
	Monetary loan made by Committee during reporting period		\$ —
	Monetary loan repaid to Committee during the reporting period	\$ —	
Amount on hand at the end of the reporting period:		\$ 7,177	.02

**\*Note: You cannot end the reporting period with a negative balance.**

**County, municipal and school candidates file with the person in charge of the local election.**

Donations from Organizations

02/17/2012	South Dakota Association of Healthcare Organizations	3708 Brooks Place Ste 1, SD SD 57106	5,000.00
07/19/2012	National Education Association	1201 16th St NW, Washington DC 20036	200,000.00
11/08/2012	Mobridge Regional Hospital	1401 10th Avenue West, Mobridge SD 57601	1,000.00

## Ballot Question Contribution Statement

### State of South Dakota

Complete one of the following three sections that pertain to your organization.

#### Section 1

☒ Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: South Dakota Association of Healthcare Organizations  
 Date: 2/17/12 Signature: [Signature]

\*\*\*\*\*

#### Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

State or Country under Whose Law the Organization is Incorporated or Organized: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

#### Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

## Ballot Question Contribution Statement

### State of South Dakota

Complete one of the following three sections that pertain to your organization.

#### Section 1

☐ Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: N/A

Date: N/A

Signature: N/A

\*\*\*\*\*

#### Section 2

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: National Education Association

State or Country under Whose Law the Organization is Incorporated or Organized: USA - Federally chartered

Street Address of the Organization's Principle Office: 1201 16th St. NW, Washington DC 20036

Date: 7/16/2012

Signature: Michael J. [Signature]

\*\*\*\*\*

#### Section 3

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: N/A

Street Address of the Organization's Principle Office: N/A

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address

Name of Person Authorizing the Contribution: N/AStreet Address: N/ADate: N/ASignature: N/A

\*\*\*\*\*

**Section 4**

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address
Not applicable - No person owns more than 10% of the organization, provides more than 10% of its gross income, or provides more than 10% of the funds contributed	

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: 7/14/12President Signature: [Signature]Date: 7/14/2012Treasurer Signature: [Signature]

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

**Ballot Question Contribution Statement**  
**State of South Dakota**

Complete one of the following three sections that pertain to your organization.

**Section 1**

☒ Check here if your organization is filed as a domestic or foreign entity in good standing with the Office of South Dakota Secretary of State.

Full Name of Organization: Moabridge Regional Hospital

Date: 10/30/2012 Signature: [Signature]

\*\*\*\*\*

**Section 2**

State law requires any organization that makes a contribution to a ballot question committee that is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office, to include Section 2 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

State or Country under Whose Law the Organization is Incorporated or Organized: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

**Section 3**

State law requires any organization that makes a contribution to a ballot question committee which is not filed as a domestic or foreign entity in good standing with the South Dakota Secretary of States Office and is not eligible to complete section 2, must include Section 3 of this informational statement with any contribution to a ballot question committee.

Full Name of Organization: \_\_\_\_\_

Street Address of the Organization's Principle Office: \_\_\_\_\_

You must provide the names and street addresses of any owners, directors, or officers of the organization including the name and street address of the person authorizing the contribution.

Name of Organization's Owners, Directors or Officers	Street Address


Name of Person Authorizing the Contribution: \_\_\_\_\_

Street Address: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

\*\*\*\*\*

#### Section 4

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee the organization must submit with the contribution the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee

Name of Shareholder or Member	Street Address

I hereby declare and affirm under penalty of perjury that the name and address of every person who owns ten percent or more of the organization, has provided ten percent or more of the organization's gross receipts, including capital contributions, in the current or preceding year, or has provided ten percent or more of the funds being contributed to the ballot question committee is included above and that no part of the contribution was raised or collected by the organization for the purpose of influencing the ballot questions.

Date: \_\_\_\_\_ President Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Treasurer Signature: \_\_\_\_\_

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.